

## Dumfries and Galloway IJB Performance and Finance Committee

21st October 2021

This Report relates to Item X on the Agenda

# Ministerial Strategic Group Indicators Update October 2021

Paper presented by Ananda Allan

### For Noting

Author:	Ananda Allan, Performance and Intelligence Manager
List of Background Papers:	The Public Bodies (Joint Working) (Scotland) Act 2014
	The Public Bodies (Joint Working) (Content of Performance Reports) (Scotland) Regulations 2014  Health and Social Care Integration Public Bodies (Joint Working) Scotland Act 2014 – Core Suite of Integration
	<u>Indicators</u>
	Scottish Government Guidance for Health and Social Care Integration Partnership Performance Reports

	Integration Scheme between NHS Dumfries And Galloway and Dumfries and Galloway Council
	Dumfries and Galloway IJB Health and Social Care Strategic Plan
	Coronavirus (Scotland) Act 2020
Appendices:	Appendix 1 - MSG Indicators from Source Dashboard, accessed October 06, 2021

Direction Required	to	Direction to:			
Council, Health Board	or	No Direction Required	X		
Both		Dumfries and Galloway Council			
		NHS Dumfries and Galloway			
		4. Dumfries and Galloway Council and NHS			
		Dumfries and Galloway			

#### 1. Introduction

- 1.1 This report provides an update on the suite of integration indicators identified by the Ministerial Strategic Group (MSG) for Integration Authorities.
- 1.2 Due to the unusual activity during the past year, it is not helpful to compare these indicators to improvement trajectories.

#### 2. Recommendations

- 2.1 The Integration Joint Board is asked to:
  - Note performance against the MSG suite of indicators at June 2021

#### 3. Background and Main Report

- 3.1 The Ministerial Strategic Group for Health and Community Care (MSG) has overall responsibility for policy matters that cross the local government / NHS Scotland interface. This group is a key forum for taking forward the Convention of Scottish Local Authorities (COSLA) and the Scottish Government's joint political leadership of health and social care integration.
- 3.2 Integration Authorities were asked to set trajectories against a suite of integration indicators and report regular (quarterly) progress to the MSG.
- 3.3 Trajectories for these indicators were agreed by the Integration Joint Board (IJB) in January 2019 for the following financial year. These trajectories took into account past performance, National Delivery Plan targets and knowledge of local performance in the target areas. The IJB is asked to submit the information to MSG using a reporting template provided by them.
- 3.4 However, as a result of the Covid 19 pandemic, there has been limited staffing capacity to produce and publish performance reports within agreed timescales. Also, National Services Scotland (NSS) advised by that due to the impact of Covid 19, official performance information has been incomplete during 2020 and completion rates have only recently caught up. Halting these non-statutory reports is in line with the Coronavirus (Scotland) Act 2020.
- 3.5 The Source team at the Information and Statistics Division (ISD) of National Services Scotland (NSS) have historically provide a spreadsheet of data for the 6 key areas on a monthly basis. Not all indicators are updated monthly. These data are now published in a dashboard on the SOURCE platform, which is password controlled and accessible to anyone in the partnership. People wishing to have access to the SOURCE platform should contact the partnership's Performance and Intelligence Manager.
- 3.6 Appendix 1 provides screen shots of the MSG indicators. Note that additional slices of this information are available on the dashboard.

#### 3.7 Historic Targets

 Note that hospital based information for June 2021 is currently 95% complete (as of end of September 2021).

Indicator	Jan	Feb	Mar	Apr	May	Jun	Target	
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	2021	2021	2021	2021	2021	2021	
1a) Unscheduled admissions; (continuous inpatient stays); aged under 18	114	105	156	173	153	186	216
1b) Unscheduled admissions; (continuous inpatient stays); aged 18 or older	1,115	1,065	1,242	1,272	1,326	1,213	1,266
2a) Number of Unscheduled Bed Days; Acute; aged under 18	208	170	245	309	271	284	312
2a) Number of Unscheduled Bed Days; Acute; aged 18 or older	9,732	8,821	9,674	8,947	9,269	7,571	10,535
2c) Number of Unscheduled Bed Days; Mental Health; aged under 18	31	28	42	35	34	33	55
2c) Number of Unscheduled Bed Days; Mental Health; aged 18 or older	2,712	2,575	2,945	2,869	3,056	2,872	2,186
3) Number of A&E Attendances; aged under 18	235	226	412	589	590	772	800
3) Number of A&E Attendances; aged 18 or older	1,857	1,609	2,154	2,392	2,629	2,777	3,165
4a) Delayed Discharge Bed Days; All Reasons	983	733	854	958	1,118	1,304	1,019
	2018/19		2019/20		2020/21p		
5) Last Six Months of Life by Setting (Community, All Ages)	88.0%		87.3%		90.5%		88.8%
6) Percentage of Population in Institutional or Community Settings (Home – Supported and unsupported, 65+)	96.4%		96.5%				96.4%

#### 3.8 Unplanned admissions and bed days (acute)

• The number of adult unplanned acute admissions was higher than anticipated in April and May 2021.

#### 3.9 Unplanned bed days (mental health)

 There have been longer lengths of stay for people aged 18 and older admitted for unplanned mental health care.

#### 3.10 Emergency Department attendances

 Emergency department attendances for both children and adults have risen in the last four months but are still lower than historic averages.

#### 3.11 **Delayed discharge bed days**

• The number of bed days resulting from people experiencing a delayed discharge has risen higher than the threshold set in January 2019.

#### 3.12 Last 6 months of life

- In 2020/21, the proportion of the last 6 months of life spent in a community setting is the highest it has been in the last 5 years.
- 3.13 **Balance of Care for people aged 65 or older** this indicator has not been updated.

#### 4. Conclusions

- 4.1 This report contains performance information based on data released September 2021.
- 4.2 Submitting this report to the Ministerial Strategic Group fulfils the reporting requirements of the IJB.

#### 5. Resource Implications

5.1 No resource implications are identified within this Report.

#### 6. Impact on Integration Joint Board Outcomes, Priorities and Policy

6.1 The Integration Joint Board is required to have oversight of operational delivery of delegated services.

#### 7. Legal and Risk Implications

7.1 Regular performance reporting by the Integration Joint Board is a legislative requirement.

#### 8. Consultation

8.1 The Chair, Vice Chair, Chief Officer and Governance Officer have had oversight of this paper.

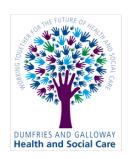
#### 9. Equality and Human Rights Impact Assessment

9.1. Equality impact assessment will be considered for performance reporting as a whole suite of documents, as part of the performance framework which will support the new strategic plan.

#### 10. Glossary

10.1 All acronyms must be set out in full the first time they appear in a paper with the acronym following in brackets.

COSLA	Convention of Scottish Local Authorities
DGHSCP	<b>Dumfries and Galloway Health and Social Care Partnership</b>
IJB	Integration Joint Board
ISD	Information and Statistics Division
MSG	Ministerial Strategic Group for Health and Community Care
NHS	National Health Service
NSS	National Services Scotland



#### **Dumfries and Galloway Integration Joint Board**

#### **DIRECTION**

#### (ISSUED UNDER SECTIONS 26-28 OF THE PUBLIC BODIES (JOINT WORKING) (SCOTLAND) ACT 2014)

1.	Title of Direction and Reference Number
2.	Date Direction Issued by Integration Joint Board
3.	Date from which Direction takes effect
4.	Direction to
5.	Does this direction supersede, amend or cancel a previous Direction? If yes, include the reference number(s)
6.	Functions covered by Direction
7.	Full text of Direction
8.	Budget allocated by Integration Joint Board to
	carry out Direction
9.	Desired Outcomes
10.	Performance Monitoring Arrangements
11.	Date Direction will be Reviewed